## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P03000132290

1. Entity Name

RUDY LOMBARDI CONCRETE, INC.



Principal Place of Business

Mailing Address

4001 PARK AVE

INDIAN LAKES ESTATES, FL 33855

P.O. BOX 7374 INDIAN LAKES ESTATES, FL 33855 FILED Feb 13, 2008 08:00 Al Secretary of State



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02072008 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0486537

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOMBARDI, MARIA 335 HAVENDALE BLVD AUBURNDALE, FL 33823

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<ol> <li>The above named entity submits this statement for the the obligations of registered agent.</li> </ol>				th, in the State of Florida		 	
SIGNATURE Signature, typed or printed name of registered agent and title	d applicable (NOTE Registered Agent sig	ignature re	qured when renstating)		DATE	 <del></del> .	
FILE NOW!!! FEE IS \$150,00	9. Election Campaign Financing		\$5.00 May Be			 •	
After May 1, 2008 Fee will be \$550.00	Trust Fund Contribution.		Added to Fees				

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	LOMBARDI, RUDY
STREET ADDRESS	P.O. BOX 7374
CITY-ST-ZIP	INDIAN LAKES ESTATES, FL 33855
TITLE	STD
NAME	LOMBARDI, MARIA
STREET ADDRESS	P.O. BOX 7374
CITY-ST-ZIP,	INDIAN LAKES ESTATES, FL 33855
717. 5	

U00000826383 02/21/08-80047-016 150.00

TITLE STREET ADDRESS CITY-ST-ZIP

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CITY-SI-ZIP

TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP

TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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- Daytme Phone #